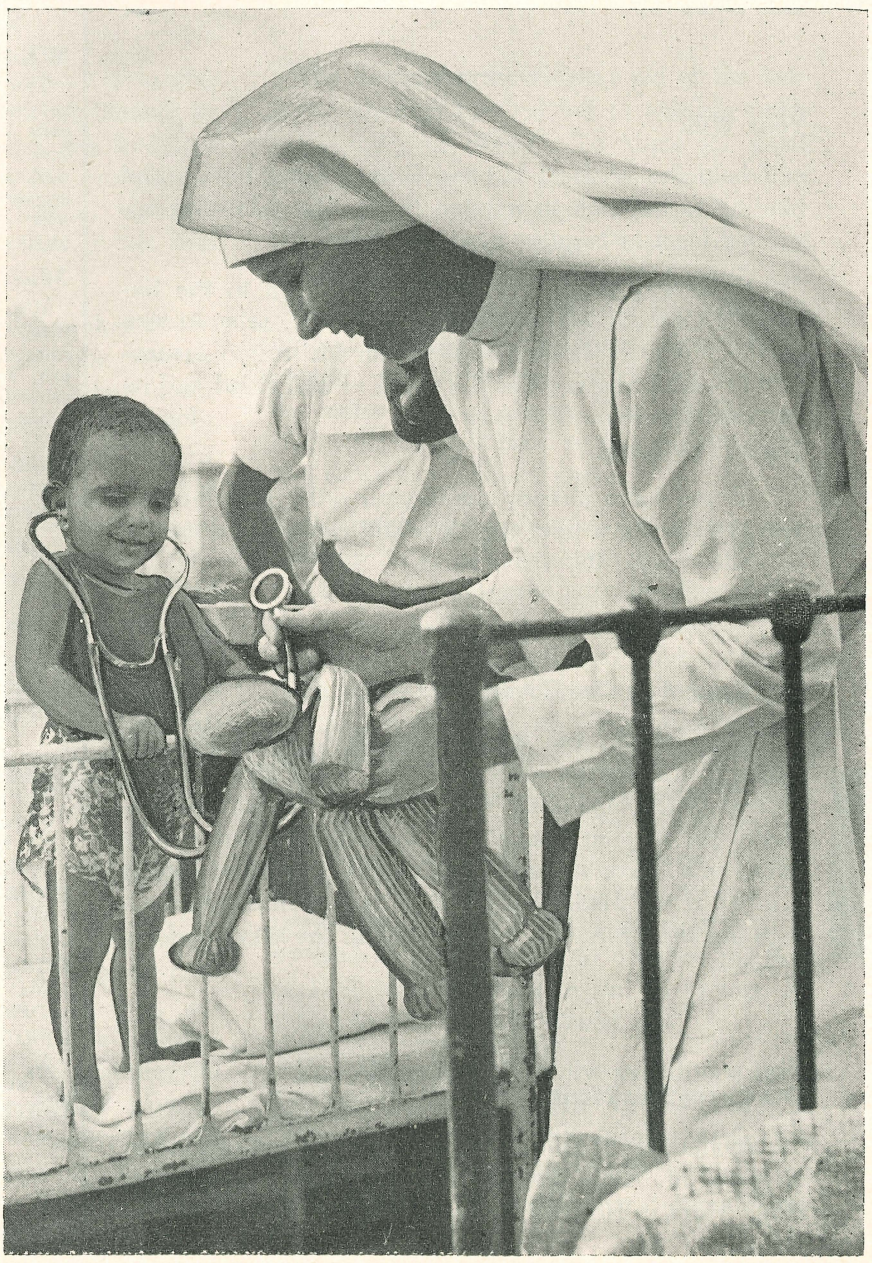
THE MEDICAL MISSIONARY



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Your Will:

can help the Medical Mission Sisters bring health and healing to the sick in mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries Inc. (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

The Symbol on Our Cover:

The cross and the serpent signify Christ under the figure of the brazen serpent, raised up by Moses in the desert, which healed all who gazed on it. The dish beneath the serpent's tongue is the cup of charity. The whole is a Christian adaptation of the caduceus, ancient symbol of the medical profession. It epitomizes our aim —to put the profession of medicine in the service of the missions.

Our Cover This Month:

Mohamed Ali plays doctor, under the supervision of Sister M. Alma, S.C.M.M., M.D. on the verandah of Holy Family Hospital, Rawalpindi, Pakistan.

THE MEDICAL MISSIONARY

8400 Pine Road

Sister M. Christine, S.C.M.M., Editor

Published by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia 11, Pa. in the interest of Medical Missions and Women of the Orient. Until further notice, it will be issued bi-monthly.

SUBSCRIPTIONS

$1 per year; $5 for 6 years

Entered as second class matter September 11, 1928 at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions. Some of the Sisters are doctors, nurses or pharmacists; others are engaged in secretarial, household and similar duties necessary for medical mission work.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

To cope with the numerous requests from mission bishops for medical mission centers, many vocations are needed.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.
Postulate; Osterley, Middx. England
Heerlen, Holland

Missions

PAKISTAN
Holy Family Hospital—Rawalpindi
Holy Family Hospital—Karachi
St. Michael's Hospital—Mymensingh

INDIA
Holy Family Hospital—Patna
Holy Family Hospital—Mandar

INDONESIA
Maternity Clinic, Stella Maris Hospital, Makassar, Celebes

AFRICA
Holy Family Dispensary—Berekum, Gold Coast

UNITED STATES
Catholic Maternity Institute Santa Fe, New Mexico
The Catholic Colored Clinic Atlanta, Georgia

"To Restore All Things in Christ"

By Rev. Edward L. Murphy, S.J., D. Miss.

The objective of the missionary is to give back to mankind the unities established by God, through the Son of God, our Redeemer, and the Church which He established. The divine unities of the human race are summed up by Pope Pius XII in his first encyclical letter:

"A marvelous vision, which makes us see the human race in the unity of one common origin in God 'One God and Father of all, Who is above all, and through all, and in us all.' (Eph.4, 6); in the unity of nature, which in every man is equally composed of material body and spiritual immortal soul; in the unity of the immediate end and mission in the world; in the unity of dwelling place, the earth, of whose resources all men can by nature avail themselves, to sustain and develop life; in the unity of the supernatural end, God Himself, to Whom all should tend; in the unity of means to secure that end . . . " (SUMMI PONTIFICATUS, Oct. 26, 1939.)

Though these unities rest on the nature of things, we are confronted by universal division of thought on any one of the above. The cause of this disunity is an unredeemed humanity. Sin disrupted the harmony established by God. Mankind craves redemption. It is frustrated by its inability to achieve unification. Human efforts towards unity result in tension by exaggerating one or the other of the unities out of its proportion.

The disruption by Adam's sin of the harmony planned by God led to another unity —the unity of ransom. To quote the same encyclical letter, " . . . in the unity of its ransom, effected for all by Christ, Who by His holy and most bitter Passion, restored the original friendship with God which had been broken, making Himself the Mediator of God and men . . . " All men, without exception, are to be restored to God through the redemption of Christ. Through His Son, God wills to give back to things their original unity in a higher dignity.

Since the Redemption, all things are valuable insofar as they have reference to Christ. All things are designed with the Son of God as center, the hub, the origin of all our purposes. *All things*, spiritual and material, must be restored to Christ, not just prayers and sacraments, but *all* things men use and need. There is no phase of human life which can be disassociated from this plan, because as human beings, we require visible things. All things are God's. All creation reaches out for God. Physical creation reveals the perfections of God in the measure granted it by God. Our function is to do what the Son of God was designed to do, to restore all things to God through Christ.

The Church is the universal divine form for this restoration. The function of the Church cannot be fulfilled until it reaches the ends of the world and offers to all men the possibility of supernatural transforma-

tion. Unredeemed humanity must be offered the means of redemption.

This new redeemed humanity is the Catholic Church, and those living her divine life. The Head of this new humanity is Christ, not Adam. Christ brought us the totality of divine life. Re-creation in Christ must be worked towards through the power of Christ. The Church is the restorer through Christ, using the analogy of His Mystical Body. The Church is the divine form appointed to restore the unities to mankind.

The Church is a living, growing, divine form. Because it is constantly growing, it is never complete. It must grow and extend, until, if it be in the designs of God, it embraces all human beings.

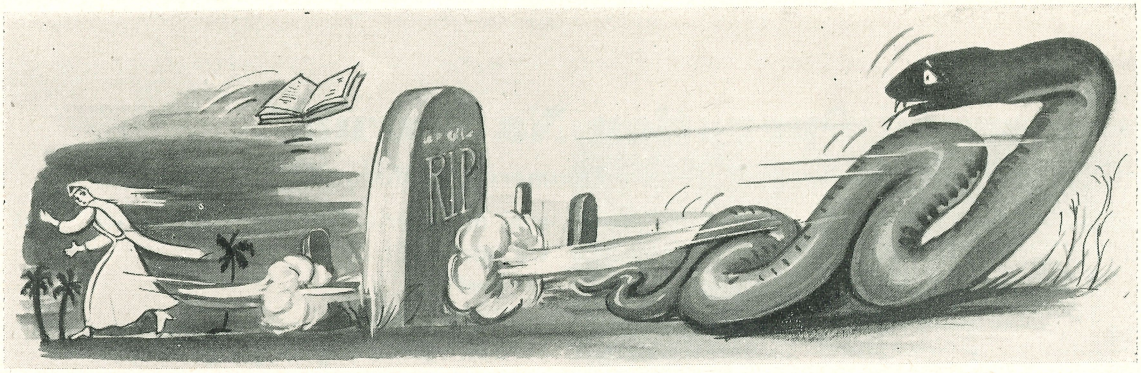
The Church is the total divine form—no area of life or of the universe is exempt from her maternal care. Our function as missionaries is not merely to be interested in souls, but to restore *all things* in Christ. We must make present in the world the divinely transforming power of the mystery of the Body of Christ.

A characteristic of a living organism is its ability to adjust and to adapt. The Mystical Body of Christ should likewise be able to adjust and adapt to varying circumstances. It is able to be a vital part of many different peoples without ceasing to be itself uncorrupted. It possesses both universality and unity. The Church extends herself without losing herself. She is not diminished by pouring out her riches. Her dogmatic content and divine life never change.

It is not the genius of the Church to impose one national culture on another people. The Church suffers in being forced to remain within the limits of one nation or race. She grows into the life of many peoples and all times. Every people can be faithful to the good, the true and the beautiful in their own culture, and be true members of the Church. The total divine form must be able to express itself in all races and nations. "The Church of Christ, the faithful depository of the teaching of Divine Wisdom can not and does not think of deprecating or disdaining the particular characteristics which each people with zealous and intelligible pride, cherishes and retains as a precious heritage. Her aim is a supernatural union in all-embracing love, deeply felt and practiced, and not by the unity which is exclusively external and superficial and by that very fact, weak." (SUMMI PONTIFICATUS).

The Church is a gentle Mother who fosters the good in every people, and patiently works for the elimination of the evil. She recognizes the existence of the divine unities, and seeks to restore them. She builds on the context of the culture as she finds it. She restores things, not according to any accidental point of view, but according to their nature. All true things are capable of being restored to God. "Pioneer research and investigation, involving sacrifice, devotedness and love on the part of her missionaries of every age, have been undertaken in order to facilitate the deeper appreciative insight into the most varied civilizations, and to put their spiritual value to account for a living and vital preaching of the Gospel of Christ. All that in such usages and customs is not inseparably bound up with religious errors will always be subject to kindly consideration, and, when it is found possible, will be sponsored and developed." (SUMMI PONTIFICATUS) People lose nothing good and true in themselves by accepting the Church.

Thus, it is the function of missionaries to restore all things to God through Christ by establishing the total divine form for the restoration, the Catholic Church. We must place His Church visibly and universally. Her growth is progressive, but not rapid. She passes through all stages of life, from dependent infancy to reproductive and self-sufficient maturity. But from the very start, the missionary must begin with this idea, "Out of these people, I must build the Church of God."



Patna's Pests

By Sister M. Laetitia, S.C.M.M., R.N.

"Jan, is that a snake skin?"

"Yes, Sister sahib."

"Are there many snakes around here?"

"Bahut." (Many.)

Pause—"Jan, are they poisonous?"

"The worst kind," imperturbably replied the placid Jan. "They are cobras. These walls are hollow; they are full of snakes."

The sister was horrified. As evening came she began to jump at her own shadow.

A few nights later, the sister went to an outside room, locked the door and switched on the light. For a moment she was petrified; she had stepped over a large cobra, miraculously, without touching it. Now she was locked in the tiny room with it between herself and the door, and not even a window through which she could climb. The cobra had raised its head, and about a foot or so of its body, extended its hood and seemed to be thinking; which was more than the sister did. Quick as a flash she picked up a board; put her foot on the snake's tail and in the same split second brought the board down on the snake's head with might and main.

She can never explain what made her step on its tail. Her one idea was to keep the snake in view. It never occurred to her that she was asking for death by interfering with its wagging end. According to the law of averages she should have stepped on the snake in the first instance; as soon as it raised its head it should have struck, and when she put her foot on its tail, it should have moved like lightning and attacked her long before she would have time to crush its head.

One night the sisters were saying Compline and they had just read, "Save us from the terror of the night," when something shiny moved in the chapel. A brave little Indian nurse was the nearest one to the snake, and she hurriedly produced a stick from somewhere and brought it down "whack" on Mrs. Cobra's head. What the stick was doing in the chapel is the mystery.

Another day there was great excitement on the part of the children during visiting hours; "Dekho dekho, sanp!" (Look, look, snake) squealed the little ones, enjoying thrills of horror. Before a stick could be procured, the snake crawled into a crevice in a wall cupboard. No amount of prodding, urging or coaxing would induce it to show its face.

"Chala giya! Chala giya!" (It's gone) cried the children in disappointment.

"Chala giya! nothing," said the sister, "I have to stay here all night!"

Wherever it went, no one set eyes on that particular snake again, unless it was the yard-long cobra that a servant killed on the path leading to the sister's refectory a few weeks later.

On another occasion a sister went out into one of the cemeteries that surround the Patna hospital. She was going to sit on one of the large stones under the mango trees. Just as she was in the act of sitting down she happened to glance at the stone, and beheld a large snake sunning himself.

It was doubtful which was more shocked, Sister or snake. She took one look at it, and it took one look at her, and both fled in opposite directions.

"Operation Na Karna"

By Sister M. Leonie Tummers, S.C.M.M., M.D.

"Operation na karna! Operation mat karo!" (Do not operate, you must not operate!)

With these words, a Mohammedan woman, complete with burkah, and all her great-grandmother's prejudices against modern treatment, was ushered into the office.

She carried a precious load under her burkah; a two-year-old boy, her only son. The poor child was blue and gasping for breath. Questions brought no answer but the repeated "Operation na karna" and some heart-breaking sobs. It was obvious that the child had obstructed breathing, and unless something was done, and that quickly, the precious child would die. But there was no reasoning with the mother. She point-blank refused to listen. She just kept on sobbing and clasping the child against her as if to defend him from us. The grandmother was of no more help. She sat in a corner mumbling, "Don't allow it."

Then we went outside to interview the father. (Our Hospital is strictly purdah, and no man comes into the office unless it is cleared of women.) He, fortunately, was very intelligent and knew about hospitals, doctors and nurses. He told us that the child had had a cold, sore throat and fever, taking a turn for the worse three days ago. He had taken no water nor milk for two days, and since this morning, had great difficulty in breathing. This pointed to laryngeal diphtheria. We asked the father, "May we operate?"

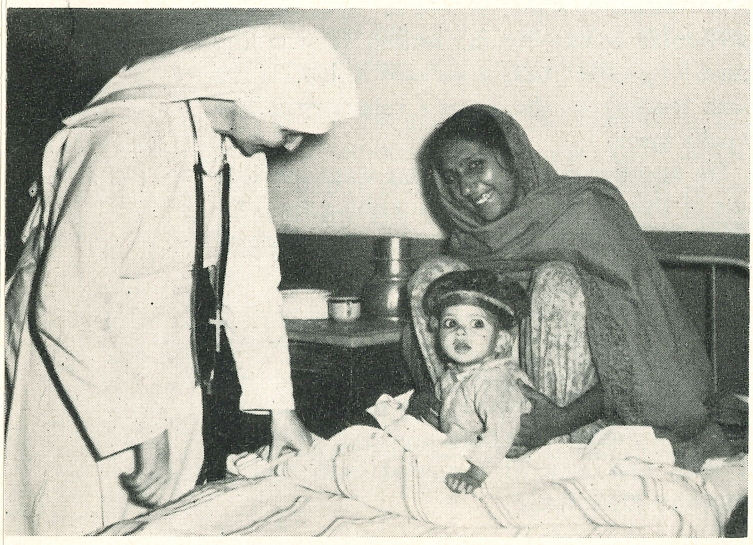
"Yes!"

"Right away?"

"Yes."

"Suppose the mother still refuses?"

"You operate right away, never mind the mother."



For once we were glad that the women did not have all the say in this household. We took the child, looked into his throat, where the tell-tale membrane confirmed our previous impression. Then we made a smear, in which our laboratory technician found the diphtheria bacillus.

The operating room was prepared in a hurry. In a few minutes the tracheotomy tube was in position. The child coughed violently because of the irritation of the tube in his windpipe, but this soon subsided. When he began to breathe regularly, we put him to bed. It was a joy to see the dusky blue of his features change to a nice pink color. We showed him to his mother.

She just looked at her peacefully sleeping son—the poor child was exhausted from his previous struggle to breathe.

Then at last: "Is he conscious?"

"Why of course, but he will not be able to talk to you because the air comes out through the tube and not through the throat where the voice is made."

"You mean to say you operated and he was never unconscious?"

"Yes, he was conscious all the time, but we put some medicine where we cut so it wouldn't hurt him."

The men of the family were very pleased with the outcome of the operation, and asked for a private room so that his mother could stay with him. But by this time the mother was entirely over her mistrust of modern medicine, and was content to leave the boy under our care while she went home to watch over her household. The old grandmother stayed. She sat in a corner watching with interest all the procedures that go with the nursing of a bad case of diphtheria.

KAMLA

By Sister M. Elise Wynen, S.C.M.M., M.D.

KAMLA was amazing right from the start. She walked into our Holy Family Hospital dispensary one day, quite alone, and gave her history clearly and succinctly. She then asked for advice on several points, and nodded intelligently when things were explained to her. On our invitation, she made definite arrangements to come into the hospital for her first baby . . . and then walked out again, leaving us gaping after her with open mouths! After dealing with the usual young Indian girl, who hides behind her mother-in-law, pulls her sari over her head, and giggles, Kamla was like a drink of water on a hot day!

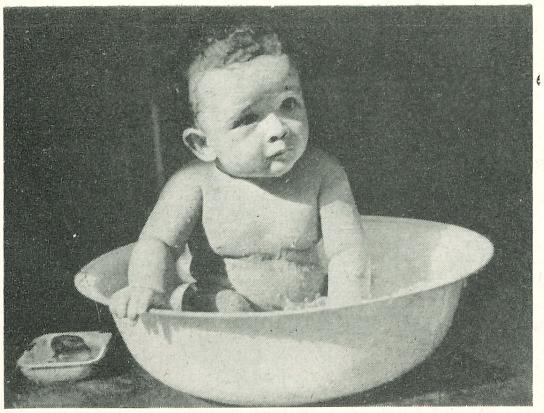
Gradually we found out her secret; education, and independence. Kamla had been to school for twelve years at a Sisters' academy in Calcutta. Her intelligence and character had had a chance to develop. She spoke Hindi perfectly, and had a fair command of English. She had learned to listen carefully, take in what was said to her, and put it to practical use. It was a joy to instruct her.

On top of that, Kamla had been most fortunate in her marriage, or rather, her parents had picked a husband wisely and well. He was an educated and progressive young man, and his mother was dead! Between the two of them they managed to brave traditions and set up a home of their own after their wedding, instead of submitting tamely to the joint-family system of India. So Kamla was able to put her own ideas into practice. The result was a beautifully poised, happy and attractive young Indian woman, who ran her own little household to perfection.

Kamla has been our patient for many years now. After having lived with Religious for years during her schooling, she was delighted to find them in the hospital as well.

(Continued on Page 58)

Meet Our B
From All



Hari Babu from Mymensingh

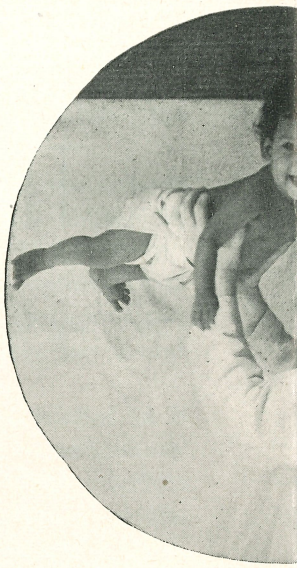
Babies are precious everywhere! Their smiles, their cute little ways, their quick response to treatment, what could be a better reward this side of heaven?

But to the Medical Missionary, there is a grimmer side to these pictures. In India, 24% of the babies born die during their first year of life, and another 24% never celebrate their tenth birthday. In Africa, certain sections report an infant mortality as high as 80%. Among the Spanish-speaking Americans near Santa Fe, the infant mortality is the highest in the United States. To save the lives of these little ones who ought not to die is the major concern of the Sisters in mission hospitals.

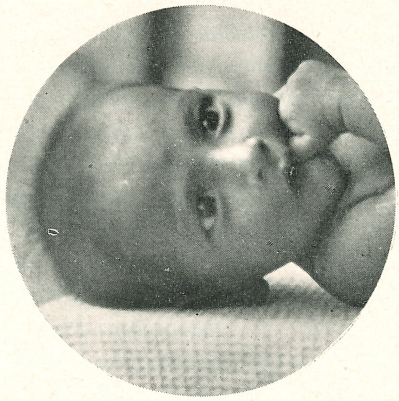
Attaa Paying and Attaa Kuna from Berekum

One Sister wrote, "It is no sinecure to be in charge of a nursery in India. In the hot season the needle and syringe are always ready to combat dehydration and tetanus. Formulas require endless patience in compounding, and a whole alphabet of vitamins must be supplied."

In India, children are given work and responsibility early in life. Sister Marcella wrote, "There is a little six year old girl who is 'saki' for her mother, a patient in the hospital. The 'saki' is a member of the family who prepares



Ashi Lota

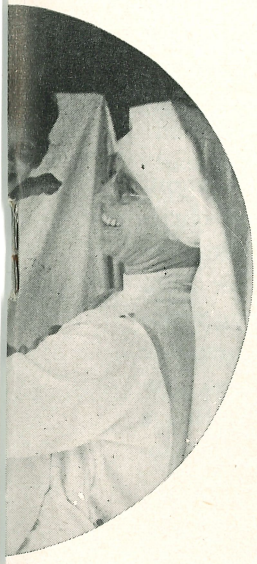


Ronnie from Ranchi

the food, fans the flies, and stays with the patient all the time. This little girl sleeps on the floor next to her mother's bed. She is the sweetest youngster, very attentive to her mother, poised, and more like a little old lady, walking through the compound, bringing food and fresh clothing."

But the babies who are the favorites are "our" babies. Occasionally the mother dies, and the father asks us to care for the child, or an unwanted child is given to us. When they are two years old, they go to the orphanage or are adopted by Christians. Most

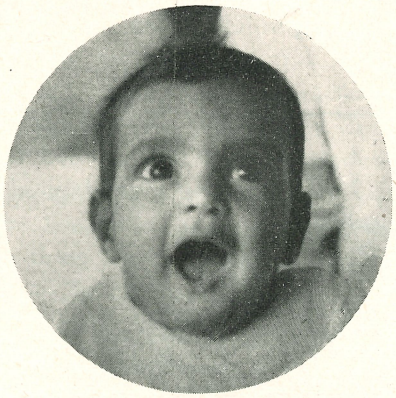
Babies
Over The World



rom Pindi

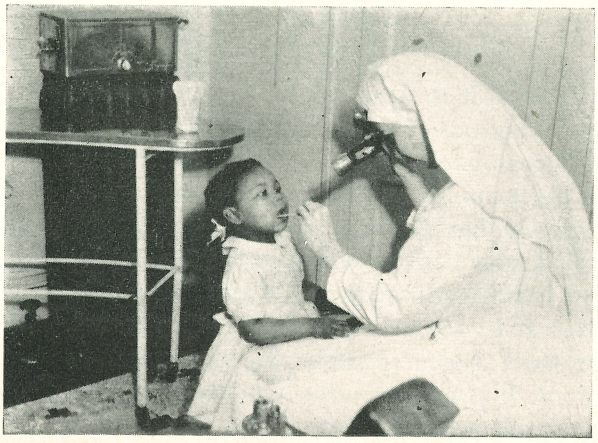
of the babies are quiet and well behaved, though the boys are quite rambunctious.

Sister Elise reported from Holy Family Hospital, Patna; "We have had a bad year of epidemics, both cholera and small-pox. The number of babies and little children that were just brought in to die! That is really hard, for you feel that just two or three days earlier, we could have pulled them through. But some come in time, and it is worth every bit of effort to see them smiling and well in a few days."



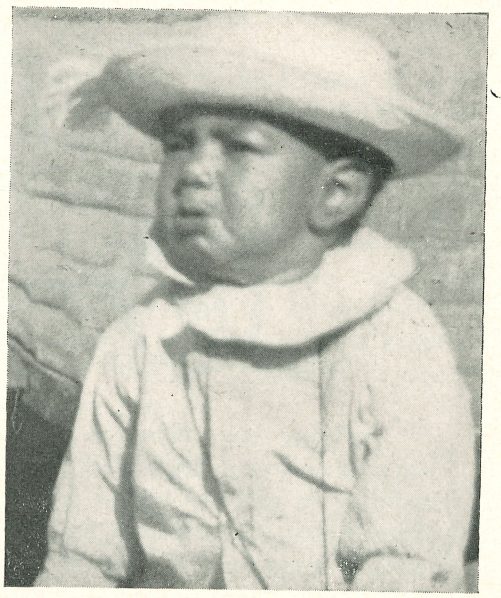
Yusef from Patna

The one striking feature is the love and devotion of the Indian parents for their children. Again quoting Sister M. Elise: "The other day a young mother, barely seventeen showed me her first baby. He was nothing but a wizened little body and a huge hydrocephalus head. She wanted to know if we could do something for it. She has taken it to all sorts of doctors, quacks, and holy men, and no one had done any good. Of course, I had to tell her that there was no medicine that would help. To soften the verdict, I added that soon the baby would be 'Bhagwan ka bachcha' — God's baby—meaning that it would not live long. She said: 'I know this is God's baby. He just lent it to me for a little while because He knew I would take good care of it. After a time, He will take it back again, and then He will give me a new one that will be all right.' Simple as they are, full of fears and superstitions, at times they are closer to the eternal truths than our sophisticated Westerners!"



Sarah Menefee from Atlanta, Ga.

The work of the Medical Mission Sisters centers especially around the mother and child. Last year a total of 2,355 babies were born in the missions under their care.



Manuelito Sanchez from Santa Fe, N. M.

KAMLA

(Continued from Page 55)

"You Sisters seem to be just where we need you most," she once expressed it. She feels completely at home with us, and shares all her troubles and joys, sure to find a welcome for them, always.

She now has three lovely babies, all fat and healthy, all well-trained and full of life. Back and forth to the dispensary they travel, on their daddy's tonga, for treatment in minor illnesses, for inoculations and cod liver oil, for regular weighing parties. All three are Holy Family babies, and they think they own the place! Mohan always makes straight for the drawer where the ointment boxes are kept; they are his building blocks, and does he hate to be separated from them! Gita had pneumonia once, and now whenever she comes she insists on having her chest examined. The baby just blows bubbles, he has no manners to speak of yet!

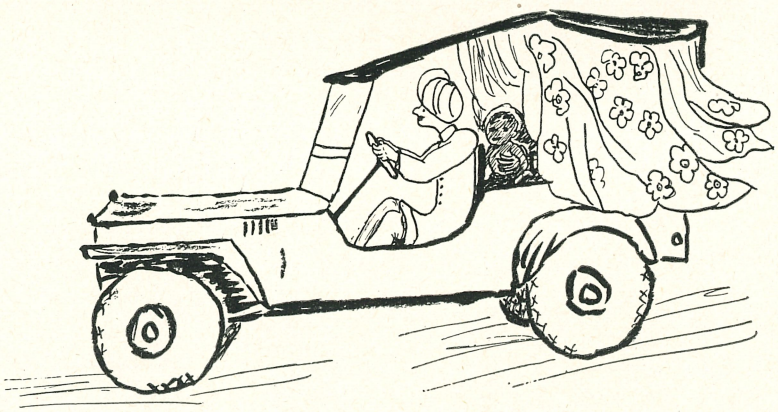
Kamla is our exhibit No. 1 of what can be achieved in India by proper education and liberation of its womanhood. Yet she has not lost the traditional virtues of Hindu wives and mothers. She is devoted to her husband, wrapped up in her children, a good manager and a cheerful companion. The sophistication of the West has not touched her.

Kamla herself realizes, to some extent, that it took the strong influence of a christian school and hospital, the words and example of Catholic Sisters, to free her from the shackles that hold down the young women of India. She has been more fortunate than most, but even she cannot, as yet, profit to the full from these contracts. But a start has been made. God's grace can complete the work.

July Mission Intention:

Higher Education in the Missions

LADIES INVISIBLE



Nothing new under the sun? Here is an ingenius device for adapting an old custom to a modern conveyance. I saw it "jeeping" down the Patna bazaar, winding in and out of the crowded mass of people, cows, rickshaws, goats, dogs, buses, horse-drawn carriages and coolies. A lavender flowered cloth curtain hung from the top of the jeep, falling gracefully down the sides. A little boy about three years old was sitting outside the curtain, no doubt held in his mother's lap. She was modestly hidden behind the curtain. S.M.P.

PATHWAY TO HEAVEN

By Sister M. Adelaide, S.C.M.M.

A miserable old Hindu woman sat on the floor of the admitting office. She may have been forty, she may have been sixty. Her feet were stretched out in front of her, not tucked under in the Indian fashion, because one of them was covered by a large open sore. She wore a new white sari, spotlessly clean, not quite in keeping with her appearance. The men who had lifted her out of the rickshaw and deposited her on the floor wanted to have her admitted to Holy Family Hospital, but judging by her manner, *she* had no desire to do so. She would not say a word to the men, the nurses, nor the Sisters.

"What is your name?"

The men looked at each other, and then at the woman. They seemed to be puzzled. Finally the leader volunteered, "Moti-ki-Man," the mother of Moti. Little by little, bits of information were extracted. Moti had died, and this was her mother. The men had found her on the street, abandoned. They had bought her a new sari, and brought her to the hospital. They would bring her food three times a day. Finally, Moti-ki-Man was taken to the ward.

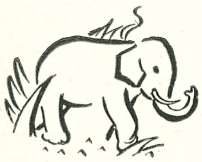
True to their promise, a group of men came to see her every evening. But at the end of the week, their visits ceased, and who could wonder. Moti-ki-Man would neither eat the food which they brought, nor would she look at them, nor speak to them. It was quite evident that she did not want to get well, and was doing her best to die. She had to be tube fed, and even against this she rebelled with the little strength that remained. For thirty days, she lay in the hospital ward. In all that time she uttered only one word. Sister asked her whether she believed in God, and was sorry for anything she had done to offend Him. She answered, "Han"—"yes."

One night, she died, in the same silence in which she had lived. Since no visitors had come for three weeks, it seemed that the municipal authorities must be asked to dispose of the body. But the hospital messenger, instead of going to the city officials, went to the men who had so mysteriously brought the old woman to the hospital. They came immediately to claim the body. That afternoon was held the most elaborate funeral which had ever taken place on the hospital compound. A five piece band with drums and trumpets arrived. The body was placed on its bier, a ladder-like stretcher, covered with a bright red cloth, tied securely around the head, waist and the feet. Then the band entertained the hospital patients for at least a half an hour. Only men were present—there were no women to mourn and wail. When the procession started out the hospital gate on its way down to the burning ghat, on the Ganges, a shower of coins were flung into the air. Only rich Hindus could afford such an extravagance as that!

Later we heard the explanation of this strange story. The old woman had neither health nor children, home nor friends, in this life, but she did have wealth. These men kept it for her. As a last gesture, they tried to buy her a path to heaven by an elaborate funeral.

AUGUST MISSION INTENTION:

Charity Among the Nations and Peoples of the East



GOLD COAST NEWS

This month "Twi Talk" is seen through the eyes of Holy Family Dispensary's newest arrival from the United States.

Big plans had been made to go to the coast and meet Sister M. Camillus who was to arrive on April 9th. The plans were altered when she arrived ten days earlier than expected.

On the same day a small twelve year old pagan boy had been brought in very sick with tetanus. He died very early the next morning, but not before asking for, and receiving the sacrament of Baptism. His family had heard him ask for Baptism and therefore had him laid out in a home near the church and asked for a christian burial.

At the close of the retreat, Father took Sister M. Camillus, accompanied by Sisters M. Raphael and Paula to the court of the chief to be officially introduced. A messenger was sent ahead to announce the visit. This is customary and the messenger must be a person of some importance. When all was in readiness the signal was given and the guests entered the court. At one end the chief was seated on his stool placed on a leopard skin. On either side of him sat the elders. The messenger acted as interpreter for the guests. The chief also had an interpreter. First the guests began individual hand shaking with the elders at the left of the chief, beginning with the youngest. Then they were escorted to seats which had been prepared for them on another side of the court. After a few minutes the same procedure was reversed by the chief and the elders.

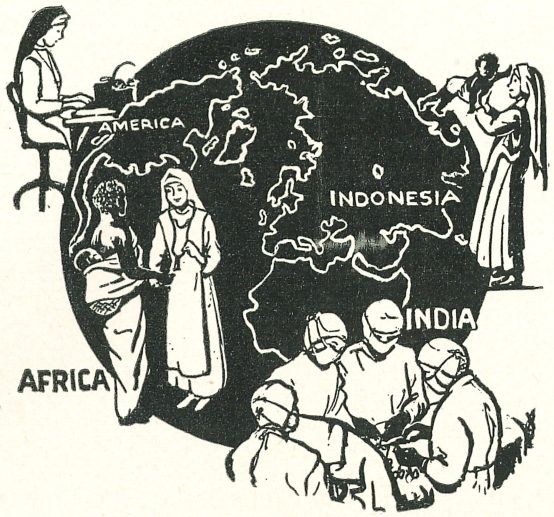
It was only after the chief and the elders were again seated that any conversation between the host and the guests was begun. The chief then asked through his interpreter what was the purpose of the visit. The answer was given, again through both interpreters: to introduce Sister M. Camillus as new-comer to Berekum. He asked why she came and was told: to help in the Dispensary. The chief then asked how the journey had been, and from where she had come. The next question was, "How are things in America?" He then welcomed the new Sister and asked her to thank the other Sisters for the services rendered to the community in the past year. With this the visit ended. This ceremony is also observed whenever anyone has been away even for a short time.

Sister M. Raphael and Sister M. Paula left Easter Monday for a week at the coast with a community of teaching sisters. Sister Margaret Mary and Sister M. Camillus had planned to stay at home and do many little things. It would be nice, they thought, if they could make some rubber glove cases and take inventory. There were letters to be written and cupboards to be re-arranged as well as linens to be marked. Word had been sent to the village chiefs that the Dispensary would be officially closed until May first. The cook and the Dispensary interpreter as well as the assistant in the pharmacy had been sent on vacation. The stage was all set but the Lord had different plans for the two stay-at-homes. They have seen approximately sixty-five patients in the past week. There have been dysenteries, yaws, fevers, food-poisonings, extensive burns from gasoline explosions, impetigo, and one set of twins. There were four Baptisms, and the Sacrament of Extreme Unction has been administered twice!

Today, Sunday April 24th is the first anniversary of the arrival of the Sisters in Berekum. The year has brought us many blessings, but we ask you, our friends, to please remember Holy Family Dispensary in your prayers.

Sister M. Camillus

AT HOME AND ABROAD



Holy Family Hospital
Rawalpindi, Pakistan

Salaams from Pindi.

Twenty-four hours already in our new home and we are using *achacha* and *pani,* with a limited number of other words, quite as if we had always been here. What linguists!

Everything so far, has been exactly what we were told it would be. Karachi was grand, even though hot, but there was always a breeze and of course, plenty of dust. Clothes can't be left out and you pound your bed before crawling into it. Riding along the streets all the signs are in Urdu, and then suddenly you see one which says: "Parker pens sold here." Another one that amused us was facing us—very big — just as we came through the railroad station gates. It said: "Always drink Lipton's tea." We also went to the bazaar a couple of times when in Karachi. It was wonderful, but indescribable.

We left Karachi on Wednesday morning and arrived here about 4 p.m. Thursday. We, Sisters Agatha, George and Kathleen travelled in "Ladies Compartment" and had a Mohammedan lady and her three children as traveling companions for the first day of the trip. The Mohammedan lady was very friendly and we exchanged smiles and fruit, but of course, our conversation was limited. She was very solicitous about her children and they seemed like part of a happy family. We are beginning to understand a little why most of the *burkhas* you see look so wrinkled. This lady sat on hers, put the baby to sleep on it, etc. Both here and in Karachi we have seen very few women on the streets without their *burkhas.* Many of the younger women wear the two piece ones in dark blue or black.

Sand and bushes formed most of the scenery on our train trip, and our compartment received its share of dust from the Sind desert. About 9 p.m. we stretched out in about an inch of dust (we *did* dust it first, but before we could lie down—). We weren't doing so well—dozing only now and then, when about one a.m. an old tin trunk came flying through the window, a couple of bundles followed it, and a woman followed all the stuff. A few spirited words were exchanged with our Moslem companion, but she curled up on the trunk and went to sleep. About 3 a.m. she left.

The next day it really began to get a little crowded. Besides the three of us there were three children and eight women! The ladies all came in with their *burkhas* on, but took them off, once inside. At every stop the husbands would come to the window with something to drink, or just to look in and say a few words. The men we have come in contact with have all been very polite. When we bought our tickets at Karachi a few men

were waiting at the window, but very graciously let us go first. At one stop we went out to fill our *sarai* with *pani* and were the only women in a crowd of men who were all pushing to get near the water. One man came to our rescue, took the *sarai,* filled it and gave it back to us.

There was a royal welcome awaiting us at the train. Sister Alma, Sister Leonie, Sister Clare, Sister Elizabeth and Sister John received us with open arms. It was wonderful to see them!

Sister M. Kathleen and Sister M. George

Holy Family Hospital
Mandar

Life here is never dull. The first thing you learn is the art of taking a bath in a quart of water; we have a large open barrel outside, from which we dip a pitcher of water. Then the beds—the art of sleeping is to work so hard in the day that you can and do sleep on anything at night! The lights come on at 6:00 P.M. and are off again at 9:30 P.M. My Hindi knowledge embraces the word for "No"—*Nahin,* so at night you can see me, candle in hand, walking the wards with "Nahin" at every turn! Morning prayers are said in candlelight too.

The patients are very poor, but very nice. The diseases are different—terrible wounds and infections which we never see in the U. S. A. Some malaria, typhoid—and many accidents. Two small children with deep, bleeding head injuries; fractured legs—but these never stay in the hospital. After two weeks, the family takes off the plaster cast, and takes the child home. It is just heartbreaking! Even leg-breaking. We have tuberculosis patients; babies with terrible burns; two thirds of the body burned. There are many emergency cases. We had one man with acute appendicitis; one with a scalp injury that needed fifteen sutures. So what would happen if we were not here? . . . It is lamp time now, and bath time. It is really cold enough to postpone the bath until the spring season—but they say it gets warm in India.

Sister M. David

St. Michael's Hospital
Mymensingh, Bengal

Every day during the building of our hospital a number of Garo Christians would come to see what was going on. Recently Father Patrick, C. S. C. came to fix a pipe on the autoclave, and in order to do so climbed up on top and straddled it. About five or six Garos arrived while Father was on his perch. Their eyes grew big as saucers and they said: "A new kind of horse!"

Sister M. Benedict

Philadelphia

During Easter week, Fordham University sponsored a "Practical Course for Prospective Missionaries" under the direction of Rev. J. Franklin Ewing, S. J., Ph.D. Representatives of various missionary communities were present, among them two Medical Mission Sisters, Sister M. Christine and Sister M. Sarah. His Excellency, the Most Rev. Thomas J. McDonnell, National Director of the Society for the Propagation of the Faith gave the keynote address, in which he pointed out the contributions of Catholic missionaries to anthropology in the past, and the value of anthropology in the work of the missionary. The object of the course was to link Catholic mission effort to the science of anthropology, for the benefit of both. Rev. Francis P. LeBuffe spoke a few words of encouragement.

Father Ewing lectured on Theory and Techniques of Anthropology, discussing mainly the two questions, "What is culture?" and "What are the processes and agents of a-culturation?" These are vital questions to the missionary, since he must live with the people, adapt himself to their culture, and control and direct the changes made in the native culture.

Rev. Edward Murphy, S. J., from Weston College lectured on missiology. His theme was that the missionary should aim "to restore *all* things in Christ," that all departments of human life are the concern of the missionary, each to be restored to its proper place in God's plan.

Dr. Paul Fejos, Director of Research for

"THE NEXT THING"
By Katherine Burton

Longmans, Green and Co., New York $2.75 246 pp.

Many of Mrs. Burton's books have been written about converts and her autobiography is no exception. Having been a convert, herself from the Anglo-Catholic Church, her realization of having received the true faith has inspired her to tell the literary world just how these conversions come about.

"The Next Thing" is a very full and inspiring story of Katherine Burton's life from her childhood days in Cleveland, Ohio to her present ones as an outstanding Catholic woman of today. She tells her story very simply, carrying the reader through her different experiences as vividly as though you were there with her.

The spiritual struggles of a convert are painful to say the least, and not many of us realize what really goes on in the soul of one groping for truth and peace. Mrs. Burton emphasized that point and now that she has found herself in the Catholic Church, she cannot refrain from telling of her happiness and praying that others will "give in and relax in the Lord."

Her book gives the reader an excellent opportunity to meet outstanding persons of the present day—clergymen, religious, Catholic action workers, authors, and recent converts whom she had met.

"The Next Thing" should be a great incentive to the Catholics of today to be more appreciative of their faith. It will especially appeal to lay apostles for Katherine Burton's life is a continual narration of Catholic Action and a very lively and interesting one, too. She remarks in her book that she has never felt alone since she has been in the Catholic Church because she has realized that everyone with whom she works is united in one family—the Church.

(Continued from Opposite Page)

the Viking Fund gave the highlights of "Applied Anthropology" in his lectures. He gave many practical points to be observed by the missionary in making his first contact with the people among whom he will work. He constantly urged the necessity of trying to understand the mentality of the people, respecting their culture as far as possible, of making changes in their way of life only after intelligently considering all things involved. He gave many examples of the tragedies wrought by ruthlessly imposing Occidental customs on a primitive people.

The Rev. Hugh J. Bihler, S. J. of Woodstock College, lectured on "Religion and Morals in Anthropology," discussing the vestiges of primitive revelation in pagan religions. Rev. James Smith, M. M., spoke of his ten years in China. Ros J. Marano, Head of the Department of Pharmacology and Physiology, conducted a course in First Aid.

It is planned to conduct a similar course in future years.

Rt. Rev. Msgr. William A. Kavanagh
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Rt. Rev. Msgr. John M. Cooper, D.D.
Washington, D. C.
Rev. John F. Burke
Philadelphia, Pa.
Mother M. Agatha, O. S. U.
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Sister Romana
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Mother Juliette Forbes, R.S.C.J.
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Mr. Peter Maurin
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